

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.
10/558544

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		2		1		
4	1		1			
5		1		1		
6		2		1		
7	1		1			
8		1		1		
9		1		1		
10		2		1		
11		2		1		
12		2		1		
13		2		1		
14		2		1		
15		1	1			
16	1			1		
17		2		1		
18		2		1		
19		2		1		
20		2		1		
21	1			1		
22		2		1		
23		2		1		
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50						
TOTAL IND.		↓	4	↓		↓
TOTAL DEP.	←		18	←		←
TOTAL CLAIMS		22				

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.	←		←		←	
TOTAL CLAIMS						